

SUPPLEMENTAL REGISTRATION FORM



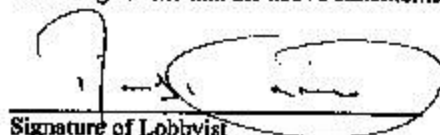
2. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

3. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

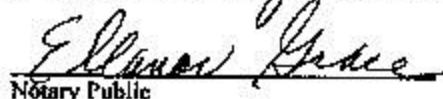
State of Louisiana

Parish of Lafayette

Before me, the undersigned authority, personally came and appeared Kandy K. Haynie, who,
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.


Signature of Lobbyist

Sworn to and subscribed before me on this 12th day of May, 19 99.


Notary Public